

CHAIN-OF-CUSTODY / Analytical Request

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed.

W0# : 1292702

PM: MMW Due Date: 08/09/17
CLIENT: USS CORP

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mtl. Iron, MN 55768
Email:
Phone: Fax:
Requested Due Date:

Section B

Required Project Information:

Report To: Tom Moe
Copy To:
Purchase Order #:
Project Name: NPDES-LINE 3 Wkly
Project #:

Section C


Invoice Information:

Attention:
Company Name:
Address:
Phone:
Fax:
Requested Analysis Filtered (Y/N)

Regulatory Agency
State / Location

ITEM #	MATRIX	CODE	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives							Analyses Test	Y/N	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)	L.F.L.F.
					DATE	TIME			DATE	TIME	Unpreserved	H2SO4	HNO3	HCl	NaOH					
1	WS-002 Scrubber Make-Up	WT	WT	WT	7/26/17	0845	0835													
2	WS-003 Thickener Overflow	WT	WT	WT																
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

SAMPLER NAME AND SIGNATURE		DATE		TIME		DATE		TIME		DATE		TIME		DATE		TIME		DATE		TIME	
PRINT Name of SAMPLER:	THOMAS A. MOE	DATE Signed:	7/26/17	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17
SIGNATURE OF SAMPLER:	THOMAS A. MOE	DATE Signed:	7/26/17	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17	TIME	1630	DATE	7/26/17

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name: USS

Project #: WO# : 1292702

PM: MMW

Due Date: 08/09/17

CLIENT: USS CORP

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No

Seals Intact? ☐ Yes ☐ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____

Temp Blank? ☐ Yes ☒ No

Thermometer Used: ☒ 140792808

Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.7

Cooler Temp Corrected °C: 2.0

Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C

Correction Factor: -0.3

Date and Initials of Person Examining Contents: MMW 7/26

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
- Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____

Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE ☐ Y ☒ N

TEMPERATURE WAIVER ON FILE ☐ Y ☒ N

Project Manager Review: [Signature]

Date: 7-26-17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)